

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/463470

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		X					52						
3		X					53						
4		X					54						
5		X					55						
6		X					56						
7		X					57						
8		X					58						
9		X					59						
10		X					60						
11		X					61						
12		X					62						
13		X					63						
14		X					64						
15		X					65						
16	X						66						
17		X					67						
18		X					68						
19		X					69						
20		X					70						
21		X					71						
22		X					72						
23		X					73						
24		X					74						
25		X					75						
26		X					76						
27	X						77						
28		X					78						
29		X					79						
30		X					80						
31	X						81						
32		X					82						
33		X					83						
34		X					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	41						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	84						TOTAL CLAIMS						